

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 587961

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		/			
4	3		/			
5	3		/			
6	3		/			
7	3		/			
8	3		/			
9	3		/			
10	3		/			
11	3		/			
12	4		/			
13	1		/			
14	1		/			
15	1		/			
16	8		/			
17	8		/			
18	1		/			
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TOTAL IND.		2				
TOTAL DEP.		16				
TOTAL CLAIMS		18				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						